

Affecting Policy to Prevent Injury and Violence

A Guide for Public Health Injury and Violence Prevention Programs

Target Audience:

- Public Health injury and violence prevention programs
- Public Health program staff working to prevent injuries and violence

Purpose

To provide guidance to public health practitioners about their essential role in affecting policy to prevent injuries and violence through active participation in all domains of the policy change process.

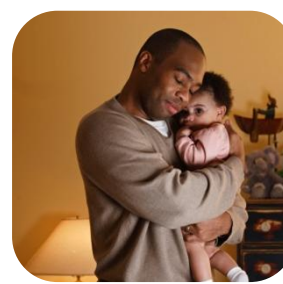
Policy as an Effective Public Health Tool to Prevent Injuries and Violence

Policy interventions are important and effective community and societal level strategies for improving the public's health. Public health policy interventions influence systems development, organizational change, social norms, and individual behavior to promote improvements in the health and safety of a population.

Public health injury and violence prevention programs are also well-positioned to link with other public health programs or initiatives (i.e., obesity prevention, maternal and child health, or environmental health) and complementary issues, such as transportation, affordable housing, and sustainable healthy communities, so that injury prevention goals are incorporated into larger societal level efforts.

A public health injury and violence prevention program and its partners play a significant role in:

- assessing/analyzing policies that impact injury and violence prevention,
- convening interested groups to develop a plan for establishing policy strategies to address injury and violence prevention
- using data and science to educate decision makers about the components and potential effects of policies,
- increasing public awareness of existing policies or laws, and
- evaluating the impact of policies.



Adapted from Core Violence and Injury Prevention Program (Core VIPP), CDC-RFA-CE11-1101, published on grants.gov on November 10, 2010

National Center for Injury Prevention and Control
Division of Injury Response



Types and Levels of Policy

Policy can be defined in many ways. One applicable definition when describing public health policy is a law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions. Policies generally operate at the systems level, applying to large sectors or populations and set the context in which individual decisions and actions are made.

There are different types and levels of policy; each of them plays an important role in improving the public's health:

Organizational (also known as internal policies) – rules or practices established within an agency or organization, such as those developed by:

- Local education agencies and/or schools or school districts i.e., required training for teachers on teen dating violence prevention,
- Private hospital or other healthcare delivery sites (i.e. physicians' offices), i.e. a systematic, required use of an evidence-informed program to prevent Shaken Baby Syndrome as a component of a hospital stay for all new mothers,
- Community- or faith-based organizations, i.e., requiring volunteer coaches to receive training and information on concussion awareness to protect young athletes ,
- Governmental agencies, i.e., restricting the use of government-owned electronic communication devices while driving by employees and contractors,
- Business, industry, or corporations, i.e., health insurance company reimbursement policies, and
- Professional associations or accrediting organizations, i.e., CEU requirements to demonstrate competencies in public health or injury prevention.

Regulatory – rules, guidelines, principles, or methods created by government agencies with regulation authority for products or services (government agency receives authorization to make regulations through legislation)

- State, i.e., standards regarding main drain covers and starting blocks in swimming pools.
- Federal, i.e., rules governing manufacturing of automobiles to meet safety standards.

Legislative – laws or ordinances

- Local (city or county), i.e., statute requiring working smoke alarms be included in all residences.
- State, i.e., legislation allowing police to enforce seat belt laws without requiring another violation (also known as primary enforcement seatbelt laws).
- Federal, i.e., federal legislation that mandates the maximum allowable blood alcohol concentration level of 0.08% among persons operating a motor vehicle.

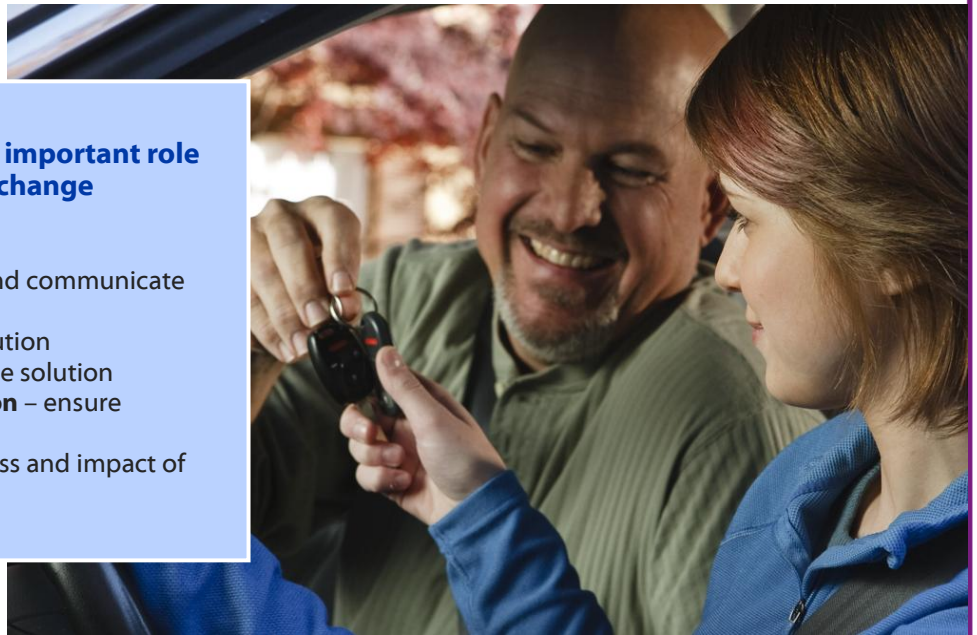


Policy interventions at each of these levels are particularly valuable because they are systems-based and affect populations by changing the context in which individuals take action or make decisions. Policy interventions can influence decisions (e.g., requiring seat belt use) or they can create an environment or structures in which we live safer (e.g., mandating that all cars are made with front and side airbags). While the behavior change may occur at the individual level, policy change sets the parameters for many individual choices, or where appropriate takes more direct action at the population level to protect the population. This type of population based approach can be less expensive and more cost-effective. However, the ultimate effectiveness of a policy intervention depends on a number of factors, including the level of awareness, education, and compliance of the policy by the public as well as resources to support a policy's implementation (e.g., enforcement capacity, education and training, availability of programs to support and enhance the policy). For example, a texting while driving policy may be passed in a state, but the public needs to understand the specifics of the law and comply. Compliance often requires enforcement by police. Police need to know how to determine if someone is texting and be willing to pull an offender over for texting. If none of these other policy or practice elements are in place, the intent of the law will not be realized.

Role of Public Health Practitioners in the Policy Process

Public health practitioners have an important role to play in all domains of the policy change process¹:

- **Problem definition** – analyze and communicate the problem
- **Policy analysis** – propose a solution
- **Policy Promotion** – promote the solution
- **Administrative implementation** – ensure solution is implemented
- **Evaluation** – evaluate the process and impact of the policy



While most public health staff are accustomed to playing a major role in the problem definition domain, some agencies or programs may be less involved in other critical domains of policy change, including policy analysis, policy promotion, implementation, and evaluation. Participation in these domains can help to ensure that public health policy solutions are based on the best science available, reflect and respond to audience needs and realities, and are updated as knowledge improves. Public health agencies have a role to play in all types (organizational, regulatory, and legislative) of policy initiatives.

Public health practitioners play an important role in using scientific evidence and epidemiological data to *educate both internal and external decision makers and partners* about health issues and the potential effect of a policy intervention on a public health issue such as injuries and violence. Allowable activities related to contact with public policymakers vary by state and organization; therefore it is important to consult internal agency or organizational rules, state laws, and (where applicable) federal laws to ensure full compliance.

¹ Policy Domains adapted from Shaping Policy for Health, Directors of Health Promotion and Education. Retrieved on November 10, 2010 from <http://shapingpolicyforhealth.org/research.aspx>

Education vs. Advocacy vs. Lobbying

Education— gives factual information—data, program description, scientific evidence of effectiveness of prevention measures, goals, current budget, people served, and accomplishments—without conveying a value judgment or linking to legislative action (i.e., pending legislation, appropriation, regulation, or other policy decision).

Advocacy—conveys general support for a cause, promotes best practice, supports a national recommendation, but does not seek a specific policy outcome or decision. Advocacy can imply support for a generalized policy such as “clean air” without a recommendation for a particular standard in law or regulation.

Lobbying— asking Congress or other legislative body (e.g., state legislature) to increase a budget or support/oppose a bill, amendment, regulation, or policy. This refers to a specific piece of legislation and reflects a specific view on that legislation.

Another form of lobbying is **grassroots lobbying**, which refers to the many types of indirect attempts to communicate with and influence legislators, such as communication aimed at legislators' constituents.

At the federal level, the law defines a lobbying contact as any oral or written communication to a “covered legislative or executive branch official” regarding the following matters:

- Formulating, modifying, or adopting federal legislation including legislative proposals or executive branch policies, including rules, regulations, and executive orders, and
- Administering or executing a federal program or policy.



“Covered officials” include members of Congress, their legislative staff, and senior and political executing branch officials.

While CDC advocates for and supports the executive branch’s legislative agenda, CDC does not use appropriated funds, directly or indirectly, to lobby any federal or state legislative body.

Examples of Public Health Activities to Affect Policy

Below is a list of specific activities public health program staff can perform to improve public health through policy strategies. A few examples for each domain of the policy process are provided.

Problem Definition

- Collecting, analyzing, summarizing, and interpreting data and other scientifically based information relevant to the frequency and severity of injuries and their consequences.
- Describing the problem in clear, compelling ways, including groups that are affected (demographically, geographically, etc), how their lives are impacted (personally – individual stories often illustrate this impact best), and that there are proven ways to prevent the problem.
- Using partners and their access to media and other communication channels to help convey educational health messages to policymakers and the public.
- Proactively disseminating data to inform possible solutions.

Policy Analysis

- Reviewing and/or drafting potential policies or legislation.
- Developing formal analyses of legislative bills and drafting white papers and other internal issue memos to advance potential policies.
- Finding common goals or synergy with complementary issues, such as affordable housing and reducing greenhouse gas emissions, and using these connections to advance injury policies.
- Using data and other scientific information to ensure that as policies are formulated, the health effects are considered, they are based on the best scientific information available, they are based on needs and realities of intended audiences, and they include evidence-based practices.
- Developing and promoting a state injury prevention policy agenda to include evidence-based best practices and national recommendations to prevent injuries and violence.
- Identifying other public health policy initiatives (such as those focused on preventing obesity) that affect injuries and collaborate on developing data and disseminating information for decision makers.
- Conducting cost-benefit analyses of the burden of injuries and their consequences and predicting how much science-based prevention efforts will cost an organization, the public sector, and/or society.
- Identifying and analyzing existing injury prevention policies and, where appropriate, working to enhance them.
- Working with partners to ensure that a policy is feasible for parties required to take action related to implementation or enforcement (i.e. executive governmental partner agencies, law enforcement, schools, etc.)

Policy Promotion

- Building or participating in partnerships, networks, or advisory committees with partners who have expertise related to policy.
- Identifying champions, both internally and externally to the public health organization, and providing them with data and information to personalize an injury issue and to inform decision makers.
- Meeting with policy makers to educate them about the burden of injuries and their consequences, to promote the use of evidence-based interventions, and to inform them of stakeholder support for policy change.
- Using communication strategies to change the environmental context to increase demand for or compliance with existing policies.

Administrative Implementation

- Raising awareness of or helping to implement existing policies that support preventing injuries and their consequences.
- Working with partners to educate and engage with the public and implement programs to enforce existing policies that address preventing injuries and their consequences.
- Working with enforcement entities to ensure policies are implemented appropriately and consistently.



Evaluation

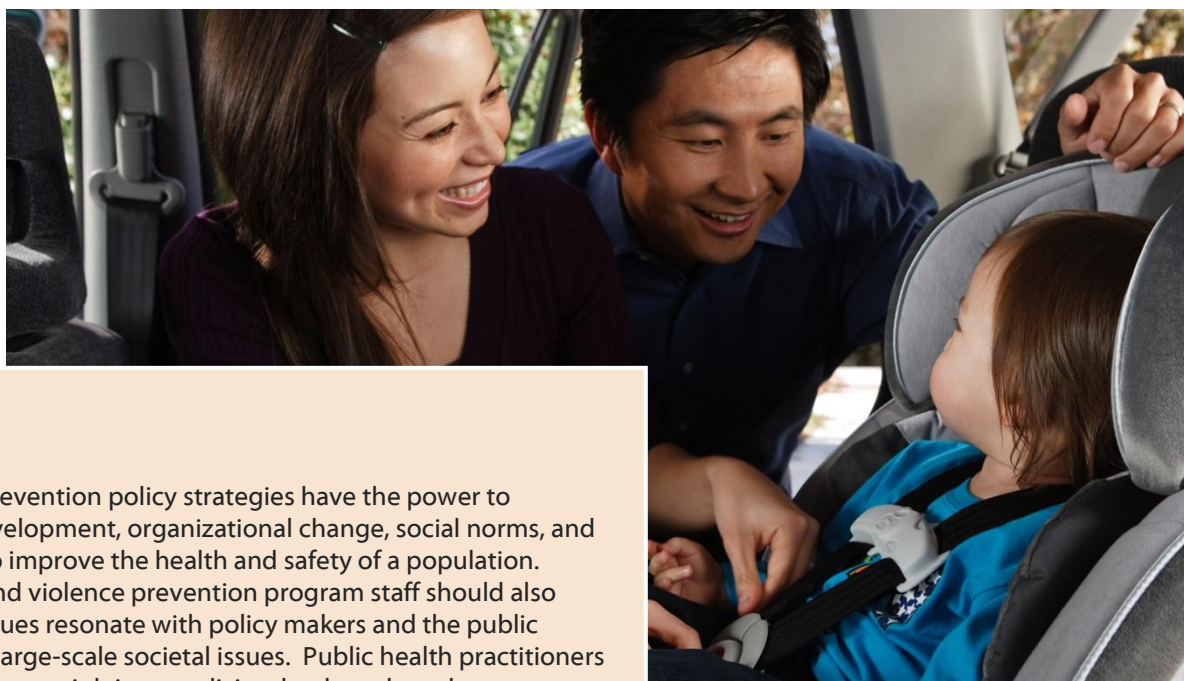
- Evaluating the effectiveness of existing or proposed policies (considering program implementation and cost).
- Assessing audience support and compliance with policies.
- Documenting successes in policy promotion, implementation, or evaluation to share with other public health practitioners and partners to promote best practices in the future.
- Sharing evaluation data with policy makers.

Restrictions and Implications

Federal funds may not be used directly or indirectly “to favor or oppose any legislation, law, ratification, policy, or appropriation” or “to support or defeat any legislation pending before the Congress or any state legislature.”²

While public health practitioners are restricted from using federal funds to lobby, understanding the specific restrictions within an individual state and organization is important because those restrictions may not exclude them from using other funding to engage in those activities. Each government agency has limitations for its employees relating to lobbying or contact with public policymakers. It is important to work within states’ systems to determine what activities are allowed within the formal legislative process.

To learn more about which activities are allowed in your state, agency or organization, contact other public health program staff working on policy initiatives (e.g., chronic disease or maternal and child health programs) or the legislative liaison at the agency (if applicable). This may also provide opportunities for collaborating on policy strategies.



Summary

Injury and violence prevention policy strategies have the power to influence systems development, organizational change, social norms, and individual behavior to improve the health and safety of a population. Public health injury and violence prevention program staff should also consider how their issues resonate with policy makers and the public seeking solutions for large-scale societal issues. Public health practitioners should use their voice to weigh in on policies that have broader implications and also have a health benefit.

² Lobbying of Federal or State Legislative Bodies Memo. June 11, 2003. (Document cites the following two laws: Federal Law 18 USC 1913 and The Department of Health and Human Services Appropriation Act, 2003 (Pub. L. 108-7). Retrieved from <http://pgo.cdc.gov/pgo/webcache/Regulations/Lobbying%20of%20Federal%20or%20State%20Legislative%20Bodies%20Memo%206-11-03.pdf>

Background and Acknowledgements

The Centers for Disease Control and Prevention's (CDC's) National Center for Injury Prevention and Control has identified policy as an important focus area for increasing health impact. Through the Core Violence and Injury Prevention Program (Core VIPP) and others, they are committed to working with public health partners in affecting policy to prevent injuries and violence.

This document was developed in collaboration with an external review committee including public health injury and violence prevention program directors and the Safe States Alliance. The Safe States Alliance is a national non-profit organization and membership association whose mission is to serve as the national voice in support of state and local injury and violence prevention professionals engaged in building a safer, healthier America. We are grateful for their critical feedback and insightful comments.

This guide is the first of a series of documents and tools that CDC will develop with our partners and to assist public health injury and violence prevention program staff in using policy strategies to prevent injuries and violence.





**Working to prevent injuries
and violence, reduce their
consequences, and help every
American live his or her life to
its fullest potential.**

